

20 August 2020

Reference: Duty #4 Response

Mr. Chairman and Members of the Committee:

My name is John Edeen, MD. I am a pediatric orthopedic surgeon who has been in private practice in San Antonio for 23 years. I am also the Membership Director for Doctors for Responsible Gun Ownership, a project of the Second Amendment Foundation.

In response to Representative Blanco's questions number 4 and 5, gun violence is a misnomer. People commit violence, the gun is only the tool. We do not say knife violence, baseball bat violence or car violence. It is easy to focus on an inanimate object, it is much more difficult to address the complex problems of criminals committing violent acts. Medical professionals receive woefully inadequate education in criminal behavior and violent criminal acts and actors. We cannot blame the presence of a firearm in the hands of law-abiding citizens for criminal violence. Firearms are used from 500,000 to 2.5 million times a year to stop a criminal act in progress, most often without a shot being fired. I would refer you to the work of John R. Lott, Jr, PhD, the head of the Crime Prevention Research Center (www.crimeresearch.org). Dr. Lott is an economist who has extensively studied the relationship between firearms and crime. He has also studied mass public shootings and has found that 94% of them since 1950 have been in gun free zones.

I have written several articles regarding gun free zones and hospitals. I wrote, "The Unthinkable-An Active Shooter in a Hospital" which first appeared in San Antonio Medicine in March 2015. <http://www.bcms.org/SAM/2015/SAMMARCH2015/mobile/index.html#p=14> I discussed the different stages an active killer goes through before committing the attack. It is important to note that if the response comes from inside the building 2 or 3 people may be killed before the threat is neutralized, the number of dead climbs to 12-15 people if the response has to come from outside of the building.

The terrorism threat is real. Especially now, with the rise of ANTIFA and Black Lives Matter (BLM), both Marxist anarchist groups, who are committed to violent destruction, we are all in danger. I studied terrorist attacks against hospitals worldwide and published "In the Crosshairs: Are Our Hospitals Targets for Terrorist Attacks?". This article was originally published in Concealed Carry Magazine in July 2016. It was republished on the drgo.us website. <https://www.drgo.us/?p=3480> . John Giduck described four different types of terrorist attacks: Decimation Assault, Mass Hostage Siege, Synergistic and Symphonic Attacks. The International Institute for Counter Terrorism did a paper titled Terrorist Attacks Against Hospitals. They found nearly 100 attacks against hospitals in 43 countries with approximately 775 people killed between 1981 and 2013. There were 1,217 wounded in these attacks. If a terrorist attack happens in your location, it would be better if there were trained and armed people present to disrupt the initial stages of an attack. This would allow police and SWAT officers to arrive on scene before the death toll is too high.

Red Flag laws have been proposed and passed in some states. They are an abomination to the Constitution of the United States and should not be adopted in the Great State of Texas. I explain how Red Flag laws (GVROs and ERPOs) violate the Constitutional Rights of the accused and deny due process. They turn innocent until proven guilty on its head and put the burden of proof of a negative on the

accused. Many times, the hearings are ex parte without any representation for the accused. These laws are rife for abuse. (<https://www.drgo.us/red-flags-for-erpos>).

The website, www.drgo.us is a treasure trove of information regarding the anti-gun rights bias of the Centers for Disease Control and the public health establishment. The founder of DRGO, Timothy Wheeler, MD, was one of four who testified to a Congressional Committee which lead to the Dickey Amendment. The Dickey Amendment defunded the biased advocacy research done by the CDC and does not affect honest research into criminal violence and its health ramifications.

I am the Texas liaison to DRGO and would be happy to provide any further information you may request.

John Edeen, MD